

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/561284

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8	/		/			
9		/		0		
10		2		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18	/		/			
19	/		/			
20		/		/		
21		2		/		
22		0		/		
23		0		0		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28	/		/			
29		/		/		
30		/		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37	/		/			
38		/		/		
39		0		/		
40	/		/			
41		/		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	58	←	51	←		←
TOTAL CLAIMS	65		58			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
54		0		/		
55		0		/		
56		0		/		
57		0		/		
58		0		/		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						